

Fill in this information to identify your case:

United States Bankruptcy Court for the:
NORTHERN DISTRICT OF ILLINOIS

Case number (if known): _____ Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if

a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the

spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture

About Debtor 1:

Mark

First Name

E.

Middle Name

Kleinkopf

Last Name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First Name

Middle Name

Last Name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Mark

First Name

K.

Middle Name

Kleinkopf

Last Name

First Name

Middle Name

Last Name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 7 7 0 3

OR

9xx - xx - _____

xxx - xx - _____

OR

9xx - xx - _____

Mark E. Kleinkopf

Case number (if known)

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as

About Debtor 1:

I have not used any business names or EINs. I have not used any business names or EINs.

Business name

Business name

Business name

EIN _____

EIN _____

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs. I have not used any business names or EINs.

Business name

Business name

Business name

EIN _____

EIN _____

5. Where you live

7S174 Wild Cherry Rd.

Number Street

Naperville

IL

60540

City

State

ZIP Code

DuPage

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Mark E. Kleinkopf

Case number (if known) _____

8. How you will pay the fee

- I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your
- I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).
- I request that my fee be waived.** You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the

9. Have you filed for bankruptcy within the last 8 years?

- No
 Yes.

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- No
 Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
MM / DD / YYYY if known

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
MM / DD / YYYY if known

11. Do you rent your residence?

- No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You
(Form 101A)

Mark E. Kleinkopf

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

- 12. Are you a sole proprietor of any full- or part-time business?**

- No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

- 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs

- No
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Mark E. Kleinkopf

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency,

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency,

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the

Mark E. Kleinkopf

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer or business debts.

17. Are you filing under Chapter 7?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- No
 Yes

18. How many creditors do you estimate that you owe?

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Mark E. Kleinkopf

Case number (if known) _____

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this

/s/ Mark E. Kleinkopf

Mark E. Kleinkopf, Debtor 1

Executed on 01/09/2017

MM / DD / YYYY

Signature of Debtor 2

Executed on

MM / DD / YYYY

Mark E. Kleinkopf

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about
eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to

X /s/ Mark R. Schottler

Signature of Attorney for Debtor

Date **01/09/2017**

MM / DD / YYYY

Mark R. Schottler

Printed name

Schottler & Associates

Firm Name

7222 W. Cermak

Number Street

Suite 701

North Riverside

City

IL

State

60546

ZIP Code

Contact phone **(708) 442-5599**

Email address _____

6238871

Bar number

State _____

Fill in this information to identify your case and this filing:

Debtor 1	Mark First Name	E. Middle Name	Kleinkopf Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... → \$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? List all vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1. Make: **Subaru** Who has an interest in the property? Do not deduct secured claims or exemptions. Put the amount of any secured claim on Schedule D: Creditors Who Have Claims Secured by Property.

Model: **Outback** Debtor 1 only
Year: **2005** Debtor 2 only
Approximate mileage **144,000** Debtor 1 and Debtor 2 only
Other information: **2005 Subaru Outback (approx. 144000** At least one of the debtors and another **\$5,000.00**

Check if this is community property
(see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... → \$5,000.00

Mark E. Kleinkopf

Case number (if known)

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe Ordinary furniture, appliances, etc.

\$950.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe TV, Computer, Etc.

\$700.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe Ordinary Clothing

\$400.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe Costume Jewelry, Watch

\$150.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

Mark E. Kleinkopf

Case number (if known)

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here..... → \$2,200.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes..... Cash:

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes..... Institution name:

17.1. Checking account: PNC Virtual Wallet Spend Statement
Ending #7737 \$482.64

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them..... Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them..... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately Type of account: Institution name:

Mark E. Kleinkopf

Case number (if known) _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.....

Institution name or individual:

Security deposit on rental unit:

\$4,600.00

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

No

Yes.....

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific

information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific

information about them

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific

information about them

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information

about them, including whether you already filed the returns and the tax years.....

Federal: _____

State: _____

Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

Mark E. Kleinkopf

Case number (if known) _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each poli
and list its value..... Company name: _____

Beneficiary: _____

Surrender or refund value: _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

No

Yes. Give specific information _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim Personal Injury Claim v. Naperville Central High School (Slip & _____)

\$15,000.00

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim State Farm Renters Insurance policy claim to replace Oct. 2014 _____

\$350.00

35. Any financial assets you did not already list

No

Yes. Give specific inform _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →

\$20,432.64

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describt _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describt _____

Mark E. Kleinkopf

Case number (if known) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- No
 Yes. Describe _____

41. Inventory

- No
 Yes. Describe _____

42. Interests in partnerships or joint ventures

- No
 Yes. Describe Name of entity: _____ % of ownership:

43. Customer lists, mailing lists, or other compilations

- No
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
 No
 Yes. Describe _____

44. Any business-related property you did not already list

- No
 Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... → \$0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- No
 Yes..

48. Crops--either growing or harvested

- No
 Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- No
 Yes..

50. Farm and fishing supplies, chemicals, and feed

- No
 Yes..

Mark E. Kleinkopf

Case number (if known)

51. Any farm- and commercial fishing-related property you did not already list

- No
 Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... → \$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → \$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... → \$0.00

56. Part 2: Total vehicles, line 5 \$5,000.00

57. Part 3: Total personal and household items, line 15 \$2,200.00

58. Part 4: Total financial assets, line 36 \$20,432.64

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61..... \$27,632.64 Copy personal property total → + \$27,632.64

63. Total of all property on Schedule A/B Add line 55 + line 62..... \$27,632.64

Fill in this information to identify your case:

Debtor 1	Mark	E.	Kleinkopf
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Proper Official Form 106A/B as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Additional Pages as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so

is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own Amount of the exemption you claim Specific laws that allow exemption

Copy the value from Schedule A/B for *Check only one box*

Brief description: 2005 Subaru Outback (approx. 144000 miles) \$5,000.00 \$0.00
 100% of fair market value, up to any

Line from Schedule A/B: 3.1

Brief description: Ordinary Clothing \$400.00 \$400.00
 100% of fair market value, up to any

Line from Schedule A/B: 11

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Mark E. Kleinkopf

Case number (if known)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property

Current value of the portion you own

Amount of the exemption you claim

Specific laws that allow exemption

Copy the value from *Check only one box*
Schedule A/B for

Brief description:
Costume Jewelry, Watch

\$150.00

\$150.00
 100% of fair
market
value, up to any

735 ILCS 5/12-1001(b)

Line from *Schedule A/B:* 12

Brief description:
PNC Virtual Wallet Spend Statement
Ending #7737

\$482.64

\$482.64
 100% of fair
market
value, up to any

735 ILCS 5/12-1001(b)

Line from *Schedule A/B:* 17.1

Brief description:
Security deposit on rental unit

\$4,600.00

\$3,367.36
 100% of fair
market
value, up to any

735 ILCS 5/12-1001(b)

Line from *Schedule A/B:* 22

Brief description:
Personal Injury Claim v. Naperville Central

\$15,000.00

\$15,000.00
 100% of fair
market
value, up to any

735 ILCS 5/12-1001(h)(4)

Line from *Schedule A/B:* 33

Fill in this information to identify your case:

Debtor 1	Mark	E.	Kleinkopf
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form.

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in

Column A Amount of claim	Column B Value of collateral Do not deduct the portion that supports this value of collateral	Column C Unsecured portion If any
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2.1	Describe the property that secures the claim: Citizens Finance Creditor's name 7941 W. 171st Number Street	\$5,301.50	\$5,000.00	\$301.50
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As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim relates to a community debt

Date debt was incurred 6/14/16 Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$5,301.50

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$5,301.50

Fill in this information to identify your case:

Debtor 1	Mark	E.	Kleinkopf
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed on Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. A creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
\$2,457.23	\$2,457.23	\$0.00

2.1

Illinois Department of Revenue

Priority Creditor's Name

Last 4 digits of account number _____

Number Street _____

When was the debt incurred? 2015

Springfield IL 62726-0001
City State ZIP Code

As of the date you file, the claim is _____ Check all that apply.

- Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Is the claim subject to offset?

- No
 Yes

Mark E. Kleinkopf

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim	Priority amount	Nonpriority amount
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2.2

\$18,373.00 \$18,373.00 \$0.00

Internal Revenue Service

Priority Creditor's Name

PO Box 21126

Number Street

Last 4 digits of account number _____

When was the debt incurred? **2015**

As of the date you file, the claim _____ Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Other. Specify _____

Is the claim subject to offset?

- No
- Yes

Mark E. Kleinkopf

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what

type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim,

Total claim

4.1

\$3,382.93

A/R Concepts, Inc.
Nonpriority Creditor's Name
18-3 E. Dundee Rd., Ste. 330
Number Street

Last 4 digits of account number 0 2 6 4

When was the debt incurred? 6/11/2015

As of the date you file, the claim @ Check all that apply.

- Contingent
 Unliquidated
 Disputed

Barrington IL 60010
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt Medical bills/collecting for Valley Ambulatory Sur

Is the claim subject to offset?

- No
 Yes

4.2

\$84.91

A/R Concepts, Inc.
Nonpriority Creditor's Name
18-3 E. Dundee Rd., Ste. 330
Number Street

Last 4 digits of account number 0 5 1 9

When was the debt incurred? 6/2/15

As of the date you file, the claim @ Check all that apply.

- Contingent
 Unliquidated
 Disputed

Barrington IL 60010
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt Medical bills/collecting for V.A.S.C. Anesthesia,

Is the claim subject to offset?

- No
 Yes

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

\$348.31

Accelerated Rehabilitation Centers

Nonpriority Creditor's Name

625 Enterprise Dr.

Number Street

Last 4 digits of account number 3 4 4 5

When was the debt incurred? 7/17/15

As of the date you file, the claim is Check all that apply.

- Contingent
- Unliquidated
- Disputed

Oak Brook IL 60523

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bills

4.4

\$384.00

ATG Credit, LLC

Nonpriority Creditor's Name

POB 14895

Number Street

Last 4 digits of account number 2 7 4 5

When was the debt incurred?

As of the date you file, the claim is Check all that apply.

- Contingent
- Unliquidated
- Disputed

Chicago IL 60614

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical bills - collecting for Naperville Radiolog

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.5

\$125.00

B.W. Landscaping & Snow Removal

Nonpriority Creditor's Name

POB 350120

Number Street

Last 4 digits of account number _____

When was the debt incurred? **10/31/10**

As of the date you file, the claim is _____

- Contingent
- Unliquidated
- Disputed

Elmwood Park IL 60707

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Weekly lawn care

Is the claim subject to offset?

- No
- Yes

4.6

\$133,426.26

Bank of New York Mellon

Nonpriority Creditor's Name

fka Bank of New York

Number Street

c/o Wirbicki Law Group

333 W. Monroe, Ste. 1140

Chicago IL 60603

City State ZIP Code

Last 4 digits of account number _____

When was the debt incurred? **04/12/16**

As of the date you file, the claim is _____

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Deficiency Judgment

Is the claim subject to offset?

- No
- Yes

1st mortgage on foreclosed home @ 624 Franklin Ave., River Forest, IL 60305

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.7

\$25,667.70

Bryan Cave
Nonpriority Creditor's Name
161 N. Clark, Ste. 3400
Number Street

Last 4 digits of account number 7 9 7 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Chicago IL 60601
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Legal Fees

Is the claim subject to offset?

- No
- Yes

4.8

\$776.53

Capital One Bank USA, N.A.
Nonpriority Creditor's Name
POB 6492
Number Street

Last 4 digits of account number 0 0 0 7

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Carol Stream IL 60197-6492
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Credit Card

Is the claim subject to offset?

- No
- Yes

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9

\$272.48

Central DuPage Hospital

Nonpriority Creditor's Name

POB 4090

Number Street

Carol Stream IL 60197

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is _____

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills

4.10

\$45.58

Central DuPage Hospital

Nonpriority Creditor's Name

POB 4090

Number Street

Carol Stream IL 60197

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is _____

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$140.06

Central DuPage Hospital

Nonpriority Creditor's Name

POB 4090

Number Street

Carol Stream IL 60197-4090

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 1 2 6 8

When was the debt incurred? 2/22/15

As of the date you file, the claim 0. Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills

\$150.00

Central DuPage Hospital

Nonpriority Creditor's Name

POB 4090

Number Street

Carol Stream IL 60197-4090

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 0 8 1 3

When was the debt incurred? 1/20/14

As of the date you file, the claim 0. Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.13 **\$355,903.16**

Chase

Nonpriority Creditor's Name

POB 183222

Number Street

Last 4 digits of account number 6 5 0 6

When was the debt incurred? 04/12/16

As of the date you file, the claim 0. Check all that apply.

- Contingent
 Unliquidated
 Disputed

Columbus OH 43219

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Deficiency for mortgage on foreclosed home.

Is the claim subject to offset?

- No
 Yes

2nd mortgage on foreclosed home @ 624 Franklin Ave., River Forest, IL 60305

4.14

\$571.36

City of Naperville

Nonpriority Creditor's Name

POB 457

Number Street

Last 4 digits of account number 0 7 8 7

When was the debt incurred? 5/26/15

As of the date you file, the claim 0. Check all that apply.

- Contingent
 Unliquidated
 Disputed

Wheeling IL 60090-0457

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills

Is the claim subject to offset?

- No
 Yes

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$1,079.28

Comcast Cable

Nonpriority Creditor's Name

POB 3002

Number Street

Last 4 digits of account number 4 9 8 4

When was the debt incurred?

As of the date you file, the claim Check all that apply.

- Contingent
- Unliquidated
- Disputed

Southeastern PA 19398-3002

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Cable bill

4.16

\$118.76

Diversified Consultants, Inc.

Nonpriority Creditor's Name

POB 551268

Number Street

Last 4 digits of account number 5 3 7 6

When was the debt incurred?

As of the date you file, the claim Check all that apply.

- Contingent
- Unliquidated
- Disputed

Jacksonville FL 32255

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for - Sprint

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.17

\$1,383.40

Drs. Burbick & Welindt, DDS., LTD

Nonpriority Creditor's Name

1515 N. Harlem Ave. #200

Number Street

R.Tage Welindt, D.D.S.

Oak Park IL 60302-1250

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 0 7 9 6

When was the debt incurred? 9/26/14

As of the date you file, the claim is:

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Dental bills

4.18

\$25,037.81

ED Financial Services

Nonpriority Creditor's Name

POB 36008

Number Street

Knoxville TN 37930

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 4 6 4 8

When was the debt incurred?

As of the date you file, the claim is:

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.19

\$536.58

Edward Hospital

Nonpriority Creditor's Name

POB 4207

Number Street

Last 4 digits of account number 5 7 5 2

When was the debt incurred? _____

As of the date you file, the claim Check all that apply.

- Contingent
- Unliquidated
- Disputed

Carol Stream IL 60197-4207

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Notice Only

4.20

\$23,250.00

Harry D. Saunders

Nonpriority Creditor's Name

831 W. Wesley Rd.

Number Street

Last 4 digits of account number _____

When was the debt incurred? 5/3/2010

As of the date you file, the claim Check all that apply.

- Contingent
- Unliquidated
- Disputed

Atlanta GA 30327

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Promissary Note (Debtor's uncle)

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.21		\$18.00
IL Pathologist Service LLC		Last 4 digits of account number _____
Nonpriority Creditor's Name POB 9846		When was the debt incurred? _____
Number Street _____		As of the date you file, the claim is _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City Peoria State IL ZIP Code 61612		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical bills
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
Check if this claim is for a community debt <input type="checkbox"/>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.22		\$695.00
Kenny & Kenny P.C.		Last 4 digits of account number 3 2 5
Nonpriority Creditor's Name 1400 W. 47th St., Ste. 4		When was the debt incurred? 7/15/14
Number Street _____		As of the date you file, the claim is _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City La Grange State IL ZIP Code 60525		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify IT Services
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
Check if this claim is for a community debt <input type="checkbox"/>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.23

\$89.30

Laboratory & Pathology Diagnostics, LLC

Nonpriority Creditor's Name

Dept. 4387

Number Street

Carol Stream IL 60122-4387

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 5 5 1

When was the debt incurred? 6/1/15

As of the date you file, the claim is:

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills

4.24

\$4.89

Laboratory Corp of America Holdings

Nonpriority Creditor's Name

POB 2240

Number Street

Burlington NC 27216

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is:

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.25

\$3,840.00

Life Time Academy

Nonpriority Creditor's Name

2145 Ford Parkway, Ste. 302

Number Street

Last 4 digits of account number 0 9 4 2

When was the debt incurred? 3/18/16

As of the date you file, the claim is:

- Contingent
 Unliquidated
 Disputed

Saint Paul MN 55116

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Tuition

4.26

\$1,130.00

Marani Land Services, Inc.

Nonpriority Creditor's Name

POB 1040

Number Street

Last 4 digits of account number _____

When was the debt incurred? Misc 2010

As of the date you file, the claim is:

- Contingent
 Unliquidated
 Disputed

Oak Park IL 60304

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Snow removal

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.27

\$28.83

Medical Recovery Specialists, LLC

Nonpriority Creditor's Name

2250 E. Devon Ave., Ste. 352

Number Street

Last 4 digits of account number 1 8 0 9

When was the debt incurred? 5/26/15

As of the date you file, the claim is. Check all that apply.

- Contingent
- Unliquidated
- Disputed

Des Plaines IL 60018-4521

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical bills - Collecting for Edward Hospital

Is the claim subject to offset?

- No
- Yes

4.28

\$3,382.93

Medical Recovery Specialists, LLC

Nonpriority Creditor's Name

2250 E. Devon Ave., Ste. 352

Number Street

Last 4 digits of account number 5 2 2 6

When was the debt incurred?

As of the date you file, the claim is. Check all that apply.

- Contingent
- Unliquidated
- Disputed

Des Plaines IL 60018-4521

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical bills

Is the claim subject to offset?

- No
- Yes

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.29

\$45,000.00

Mercy Housing, Inc.

Nonpriority Creditor's Name

1999 Broadway, Suite 1000

Number Street

Denver CO 80202

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

When was the debt incurred? 10/03/13

As of the date you file, the claim is:

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Promissory Note

4.30

\$47.04

Naperville Radiologists S.C.

Nonpriority Creditor's Name

6910 S. Madison St.

Number Street

Willowbrook IL 60527-5504

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is:

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.31

\$77.09

Nationwide Credit Collection, Inc.

Nonpriority Creditor's Name

815 Commerce Dr., Ste. 270

Number Street

Oak Brook IL 60522

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 2 9 0 6

When was the debt incurred?

As of the date you file, the claim is:

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills - collecting for Loyola Univ Health

4.32

\$300.00

Nationwide Credit Collection, Inc.

Nonpriority Creditor's Name

815 Commerce Dr., Ste. 270

Number Street

Oak Brook IL 60522

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 3 5 0 7

When was the debt incurred?

As of the date you file, the claim is:

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills/collecting for Rush Oak Park Hosp.

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.33

\$453.00

North Side Community FCU

Nonpriority Creditor's Name

1011 W. Lawrence Ave.

Number Street

Chicago

IL 60640

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

North Side Community Federal Credit Union error: Credit Union mailed check to debtor in his name & debtor cashed it.

4.34

\$20.00

PCC Community Wellness

Nonpriority Creditor's Name

2010 N. Harlem Ave.

Number Street

Elmwood Park IL 60707

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 8 0 0 0

When was the debt incurred? 4/2012

As of the date you file, the claim 0 **Check all that apply.**

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Union error

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim 0 **Check all that apply.**

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical bills

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.35

\$250.00

Permidt Engineering Limited

Nonpriority Creditor's Name

10224 Franklin Ave.

Number Street

Last 4 digits of account number _____

When was the debt incurred? 1/13/10

As of the date you file, the claim is _____

- Contingent
 Unliquidated
 Disputed

Franklin Park IL 60131

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Sewer labor

4.36

\$842.00

PFF Emergency Services

Nonpriority Creditor's Name

POB 366

Number Street

Last 4 digits of account number 1 2 8 8

When was the debt incurred? 2014

As of the date you file, the claim is _____

- Contingent
 Unliquidated
 Disputed

Hinsdale IL 60522-0366

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.37

\$25,685.20

Provenance Portfolio Mngmt LLC

Nonpriority Creditor's Name

1107 Homer Ct.

Number Street

Naperville IL 60540

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Unknown

4.38

\$8.44

Radiology Consultants

Nonpriority Creditor's Name

1730 Park St., Ste. 101

Number Street

Naperville IL 60563

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical bills

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.39

\$1,862.50

Reeg Plumbing

Nonpriority Creditor's Name

42 Park Avenue

Number Street

River Forest IL 60305

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

When was the debt incurred? 10/12/09

As of the date you file, the claim is:

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Plumbing materials & labor

4.40

\$10.00

Resurrection Health Care

Nonpriority Creditor's Name

62314 Collection Center Dr.

Number Street

Chicago IL 60693

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is:

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$374.93

Richard Kaplone, JD

Nonpriority Creditor's Name

Rockefeller Bldg.

Number Street

614 Superior Ave. NW, Ste. 808

Cleveland OH 44113

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim **Check all that apply.**

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for - Accelerated Rehab

\$976.89

Rockford Mercantile Agency, Inc.

Nonpriority Creditor's Name

POB 5847

Number Street

Rockford IL 61125-0847

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 9 5 8 7

When was the debt incurred? 5/21/15

As of the date you file, the claim **Check all that apply.**

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills/collecting for Osf St Anthony Med Ct

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.43

\$1,281.02

Rosecrance, Inc.

Nonpriority Creditor's Name

POB 71662

Number Street

Chicago IL 60694-1662

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 0 0 5 2

When was the debt incurred?

As of the date you file, the claim is:

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills

4.44

\$252.05

Rush Oak Park Hospital

Nonpriority Creditor's Name

26099 Network Place

Number Street

Chicago IL 60673

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

When was the debt incurred?

As of the date you file, the claim is:

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.45

\$1,178.00

Rush Oak Park Hospital

Nonpriority Creditor's Name

26099 Network Place

Number Street

Chicago IL 60673

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim **Check all that apply.**

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical bills

4.46

\$150.00

Rush Oak Park Hospital

Nonpriority Creditor's Name

26099 Network Place

Number Street

Chicago IL 60673

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim **Check all that apply.**

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.47

\$25,000.00

Schiller DuCanto & Fleck LLP

Nonpriority Creditor's Name

200 N. LaSalle St., 30th Floor

Number Street

Chicago IL 60601

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Atty fees for son Mark's divorce.

Last 4 digits of account number

When was the debt incurred? 10/08/13

As of the date you file, the claim **Check all that apply.**

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Attorney Fees

4.48

\$140.06

State Collection Service, Inc.

Nonpriority Creditor's Name

2509 S. Stoughton Rd.

Number Street

Last 4 digits of account number 1 2 6 8

When was the debt incurred? 2/22/15

As of the date you file, the claim **Check all that apply.**

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical bills/collecting for Northwestern Medicine

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.49

\$150.00

State Collection Service, Inc.

Nonpriority Creditor's Name

2509 S. Stoughton Rd.

Number Street

Madison WI 53716

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **0 8 1 3**

When was the debt incurred? **11/20/14**

As of the date you file, the claim **0**. Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills/Collecting for Northwestern Medicine

4.50

\$285.00

Stenzel Clinical Services LTD

Nonpriority Creditor's Name

1616 E. Roosevelt Rd., Ste. 8

Number Street

Wheaton IL 60187

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

When was the debt incurred? **2015 & 2016**

As of the date you file, the claim **0**. Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.51

\$585.00

Synergetic Communication, Inc.

Nonpriority Creditor's Name

2700 East Seltice Way, Ste. 4

Number Street

Last 4 digits of account number 9 H O N

When was the debt incurred? _____

As of the date you file, the claim Check all that apply.

- Contingent
- Unliquidated
- Disputed

Post Falls ID 83854-6387

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for American Honda Fin. Corp.

Is the claim subject to offset?

- No
- Yes

4.52

\$133,426.26

The Bank of New York Mellon

Nonpriority Creditor's Name

c/o Nationstar Mortgage LLC

Number Street

2501 State Hwy. 121

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim Check all that apply.

- Contingent
- Unliquidated
- Disputed

Lewisville TX 75067

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
1st Mtg - 624 Franklin Avenue, River Forest, IL

Is the claim subject to offset?

- No
- Yes

Foreclosed: 624 Franklin Avenue, River Forest, IL 60305

Case No: 12 CH 16477

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.53

\$75,000.00

Tim Hague

Nonpriority Creditor's Name

555 Keystone Ave.

Number Street

River Forest IL 60305

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

When was the debt incurred? 2007

As of the date you file, the claim **Check all that apply.**

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Loan

4.54

\$0.00

Tom Benno, JD

Nonpriority Creditor's Name

The Law Office of Tom Benno, JD

Number Street

120 S. Harvey

Oak Park IL 60304

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim **Check all that apply.**

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Attorney Fees

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$578.19

Transworld Systems, Inc.

Nonpriority Creditor's Name

507 Prudential Road

Number Street

Horsham PA 19044

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **8 7 6 0**

When was the debt incurred? **12/22/14**

As of the date you file, the claim is:

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for Elmhurst Dermatology

4.56

\$64.07

United Collection Bureau, Inc.

Nonpriority Creditor's Name

5620 Southwyck Blvd. Ste. 206

Number Street

Toledo OH 43614

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **8 3 6 7**

When was the debt incurred? **5/26/15**

As of the date you file, the claim is:

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical bills - collecting for Edward Hospital

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.57

\$14.65

University Pathologists

Nonpriority Creditor's Name

5620 Southwyck Blvd.

Number Street

Toledo OH 43614
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim _____

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical bills

4.58

\$1,624.30

Van Dyke Pasinski DDS

Nonpriority Creditor's Name

127 Aurora Ave.

Number Street

Naperville IL 60540-6503
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 7 4 0 0

When was the debt incurred? 9/2015

As of the date you file, the claim _____

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.59

\$750.00

Village of Melrose Park

Nonpriority Creditor's Name

1000 N. 25th Ave.

Number Street

Melrose Park IL 60160

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Parking Tickets

4.60

\$100.00

Village of Oak Park

Nonpriority Creditor's Name

Parking Services Division

Number Street

123 Madison St.,

Oak Park IL 60302

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Parking Tickets

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.61

\$828.00

Village of River Forest Fire Dept.

Nonpriority Creditor's Name

Ambulance

Number Street

POB 88850

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is _____ Check all that apply.

- Contingent
- Unliquidated
- Disputed

Carol Stream IL 60188

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical bills

4.62

\$1,560.44

Wilber & Associates, P.C.

Nonpriority Creditor's Name

201 Landmark Dr.

Number Street

Last 4 digits of account number **8 5 6 6**

When was the debt incurred? **11/19/11**

As of the date you file, the claim is _____ Check all that apply.

- Contingent
- Unliquidated
- Disputed

Normal IL 61761-2194

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Bicycle accident (debtor's minor son hit car).

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for - USAA Insurance

Mark E. Kleinkopf

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.63	\$6.24
Winfield Lab Consultants, SC	
Nonpriority Creditor's Name	
Dept. 4408	
Number Street	
Carol Stream IL 60122	
City	State ZIP Code
Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only	
<input type="checkbox"/> Debtor 2 only	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	
<input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	
Last 4 digits of account number _____	
When was the debt incurred? _____	
As of the date you file, the claim is: <input checked="" type="checkbox"/> Check all that apply.	
<input type="checkbox"/> Contingent	
<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Student loans	
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> Other. Specify Medical bills	

Mark E. Kleinkopf

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2.

For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified

Accelerated Rehabilitation Centers

Name

2396 Momentum Place

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Chicago IL 60689-5323

City

State

ZIP Code

Last 4 digits of account number 3 4 4 5

American Credit Systems, Inc.

Name

400 West Lake Street

Number Street

Suite 111

POB 72849

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Dental bills /collecting
for River Walk Family Part 2: Creditors with Nonpriority Unsecured Claims

Roselle IL 60172-0849

City

State

ZIP Code

Last 4 digits of account number 7 3 3 0

American Express/Costco Credit Card

Name

02-04-404315 S. 2700

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Credit Card Part 2: Creditors with Nonpriority Unsecured Claims

Salt Lake City UT 84184

City

State

ZIP Code

Last 4 digits of account number

Bank of America Credit Card

Name

POB 982234

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

EI Paso TX 79998

City

State

ZIP Code

Last 4 digits of account number

Chase

Name

POB 183222

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Columbus OH 43219

City

State

ZIP Code

Last 4 digits of account number 6 5 0 6

Mark E. Kleinkopf

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Chase/United Mileage Credit Card

Name
POB 15298
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Credit Card
 Part 2: Creditors with Nonpriority Unsecured Claims

City **Wilmington** State **DE** ZIP Code **19850**

Last 4 digits of account number _____

Citibank/AA Mileage Credit Card

Name
POB 6500
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Credit Card
 Part 2: Creditors with Nonpriority Unsecured Claims

City **Sioux Falls** State **SD** ZIP Code **57117**

Last 4 digits of account number _____

David R. Jordan, JD

Name
The Law Office of David R. Jordan, JD
Number Street
174 N. Taylor

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Karen's Attorney Fees
(incurred 2009-2012) Part 2: Creditors with Nonpriority Unsecured Claims

City **Oak Park** State **IL** ZIP Code **60302**

Last 4 digits of account number _____

Edward Hospital & Health Services

Name
801 South Washington
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City **Naperville** State **IL** ZIP Code **60540**

Last 4 digits of account number **8 3 6 7**

Genesis Orthopedics & Sports Medicine

Name
2900 Foxfield Road
Number Street
Suite 102

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City **Saint Charles** State **IL** ZIP Code **60174-5799**

Last 4 digits of account number **9 2 7 7**

Loyola University Medical Center

Name
POB 3021
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City **Milwaukee** State **WI** ZIP Code **53201-3021**

Last 4 digits of account number **9 6 8 5**

Mark E. Kleinkopf

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Merchants Credit Guide Co.

Name
Dept. #7505
Number Street
POB 1259

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Medical bills-Collecting
for Genesis Orthopedics Part 2: Creditors with Nonpriority Unsecured Claims

Oaks PA 19456
City State ZIP Code

Last 4 digits of account number _____

Nationstar Mortgage, LLC

Name
2501 State Hwy. 121
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Lewisville TX 75067
City State ZIP Code

Last 4 digits of account number _____

Nationwide Credit & Collection

Name
c/o Evergreen Bank Group
Number Street
POB 3219

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Oak Brook IL 60522-3219
City State ZIP Code

Last 4 digits of account number 3 5 0 7

Nationwide Credit & Collection

Name
c/o Evergreen Bank Group
Number Street
POB 3219

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Oak Brook IL 60522-3219
City State ZIP Code

Last 4 digits of account number 3 5 0 7

ONCOAS09

Name
POB 1022
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Wixom MI 48393-1022
City State ZIP Code

Last 4 digits of account number 5 2 2 6

ONCOAS09

Name
POB 1022
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Wixom MI 48393-1022
City State ZIP Code

Last 4 digits of account number 1 8 0 9

Mark E. Kleinkopf

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

OSF Healthcare System

Name

7978 Solution Center

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.42 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Chicago IL 60677-7009

City

State ZIP Code

Last 4 digits of account number 0 7 4 0

Professional Recovery Services, Inc.

Name

221 Laurel Road

Number Street

Two Echelon Plaza, Ste. 160

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Collecting for - Chase Part 2: Creditors with Nonpriority Unsecured Claims
Bank

Voorhees NJ 08043

City

State ZIP Code

Last 4 digits of account number 6 5 0 6

2nd Mtg - 624 Franklin Avenue, River Forest, IL

Southwest Credit Systems, L.P.

Name

4120 International Pkwy. Suite 1100

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Comcast/Diversified Part 2: Creditors with Nonpriority Unsecured Claims

Carrollton TX 75007-1958

City

State ZIP Code

Last 4 digits of account number 4 9 8 4

Transworld Systems, Inc.

Name

POB 15618

Number Street

Dept. 938

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.55 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Wilmington DE 19850

City

State ZIP Code

Last 4 digits of account number 2 0 1 4

US Department of Education

Name

POB 105193

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Atlanta GA 30348-5193

City

State ZIP Code

Last 4 digits of account number 4 6 4 8

V.A.S.C. Anesthesia

Name

c/o Billing Services, LTD.

Number Street

2320 Dean St., Ste. 103

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Saint Charles IL 60175

City

State ZIP Code

Last 4 digits of account number 0 5 1 9

Mark E. Kleinkopf

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Valley Ambulatory Surgery Ctr.

Name

2210 Dean St.

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Saint Charles

IL

State 60175

City

Last 4 digits of account number _____

ZIP Code

Mark E. Kleinkopf

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

	Total claim
Total claims from Part 1	
6a. Domestic support obligations	6a. \$0.00
6b. Taxes and certain other debts you owe the government	6b. \$20,830.23
6c. Claims for death or personal injury while you were intoxicated	6c. \$0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$0.00
6e. Total. Add lines 6a through 6d.	6d. \$20,830.23

	Total claim
Total claims from Part 2	
6f. Student loans	6f. \$25,037.81
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$875,715.62
6j. Total. Add lines 6f through 6i.	6j. \$900,753.43

Fill in this information to identify your case:

Debtor 1	<u>Mark</u> First Name	<u>E.</u> Middle Name	<u>Kleinkopf</u> Last Name
Debtor 2 (Spouse, if filing)	<u></u> First Name	<u></u> Middle Name	<u></u> Last Name
United States Bankruptcy Court for the <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed in Schedule E: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease State what the contract or lease is for

2.1	<u>SERC LLC</u> Name <u>dba Hyperion Homes Chicago</u> Number Street <u>2 N. Riverside Plaza, Ste. 1250</u>	Residential rental located at 7S174 Wild Cherry Road, Naperville, IL 60540 Contract to be ASSUMED
	<u>Chicago</u> City	<u>IL</u> <u>60606</u> State ZIP Code

Fill in this information to identify your case:

Debtor 1	Mark	E.	Kleinkopf
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible.

If

two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
 No
 Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
 No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes
3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1	Matthew Kleinkopf Name 7S174 Wild Cherry Rd. Number Street		
	Naperville City	IL State	60540 ZIP Code
3.2	Vivian Kleinkopf Name 217 N. Taylor Number Street		
	Oak Park City	IL State	60302 ZIP Code

Schedule D, line _____
 Schedule E/F, line 4.25
 Schedule G, line _____
Life Time Academy

Schedule D, line _____
 Schedule E/F, line 4.47
 Schedule G, line _____
Schiller DuCanto & Fleck LLP

Fill in this information to identify your case:			
Debtor 1	Mark First Name	E. Middle Name	Kleinkopf Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is:

- An amended filing
 - A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time,
seasonal,
or self-employed work.

Debtor 1	Debtor 2 or non-filing spouse	
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Consultant</u>	
Employer's name	<u>Provence Portfolio Mgmt.</u>	
Employer's address	<u>1107 Homer Ct.</u>	
Number	Street	Number Street
Naperville	IL	60540
City	State	Zip Code

How long employed there? 3 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this fbymu have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$5,187.00</u>	_____
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	_____
4. Calculate gross income Add line 2 + line 3.	4. <u>\$5,187.00</u>	_____

Mark E. Kleinkopf

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔ 4.	\$5,187.00	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$787.00	
5b. Mandatory contributions for retirement plans	5b. \$0.00	
5c. Voluntary contributions for retirement plans	5c. \$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$0.00	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: _____	5h.+ \$0.00	
6. Add the payroll deductions Add lines 5a + 5b + 5c + 5d + 5e + 5f + 6. 5g + 5h.	\$787.00	
7. Calculate total monthly take-home pay Subtract line 6 from line 4. 7.	\$4,400.00	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a Attach a statement for each property and business showing gross receipts, ordinary and necessary business	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a Include alimony, spousal support, child support, maintenance,	8c. \$0.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Specify: _____	8f. \$0.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: _____	8h.+ \$0.00	
9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$0.00	
10. Calculate monthly income Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$4,400.00	+ _____ = \$4,400.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. \$4,400.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. None.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	First Name Mark	Middle Name E.	Last Name Kleinkopf
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Son	19 yrs.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	17 yrs.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	14 yrs.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

Your expenses
4. \$2,480.00
4a. _____
4b. \$24.00
4c. _____
4d. _____

Mark E. Kleinkopf

Case number (if known) _____

Your expenses

5. Additional mortgage payments for your residence, as home equity loans	5. _____
6. Utilities:	
6a. Electricity, heat, natural gas	6a. _____ \$221.00
6b. Water, sewer, garbage collection	6b. _____ \$47.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$197.00
6d. Other. Specify: Garbage	6d. _____ \$21.00
7. Food and housekeeping supplies	7. _____ \$660.00
8. Childcare and children's education costs	8. _____
9. Clothing, laundry, and dry cleaning	9. _____ \$25.00
10. Personal care products and services	10. _____ \$25.00
11. Medical and dental expenses	(See continuation sheet(s) for details) 11. _____ \$45.00
12. TransportationInclude gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$245.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____
14. Charitable contributions and religious donations	14. _____
15. Insurance.	
Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. _____
15b. Health insurance	15b. _____
15c. Vehicle insurance	15c. _____ \$75.00
15d. Other insurance. Specify: _____	15d. _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____
17. Installment or lease payments:	
17a. Car payments for Vehicle 1 Citizen's Finance 2005 Sub Outback	17a. _____ \$170.00
17b. Car payments for Vehicle 2	17b. _____
17c. Other. Specify Life Time Academy/Tuition	17c. _____ \$160.00
17d. Other. Specify: _____	17d. _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____
19. Other payments you make to support others who do not live with you. Specify: _____	19. _____

Mark E. Kleinkopf

Case number (if known) _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

- | | |
|---|------------|
| 20a. Mortgages on other property | 20a. _____ |
| 20b. Real estate taxes | 20b. _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. _____ |
| 20d. Maintenance, repair, and upkeep expenses | 20d. _____ |
| 20e. Homeowner's association or condominium dues | 20e. _____ |

21. Other. Specify: _____

21. + _____

22. Calculate your monthly expenses.

- | | |
|---|-----------------------|
| 22a. Add lines 4 through 21. | 22a. _____ \$4,395.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b. _____ |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | 22c. _____ \$4,395.00 |

23. Calculate your monthly net income.

- | | |
|---|-------------------------|
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. _____ \$4,400.00 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. - _____ \$4,395.00 |
| 23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income. | 23c. _____ \$5.00 |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage

No.
 Yes.

Explain here:
None.

Mark E. Kleinkopf

Case number (if known) _____

11. Medical and dental (details):

Health Care Co-Pays

\$15.00

\$30.00

Total:

\$45.00

Fill in this information to identify your case:

Debtor 1	Mark	E.	Kleinkopf
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$27,632.64
1c. Copy line 63, Total of all property on Schedule A/B.....	\$27,632.64

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... \$5,301.50

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... \$20,830.23

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... + \$900,753.43

Your total liabilities \$926,885.16

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I..... \$4,400.00

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J..... \$4,395.00

Mark E. Kleinkopf

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income, copy your total current monthly income from Official Form 122A-1 Line 10, Form 122B Line 10, or Form 122C-1 Line 14.

\$4,400.00

9. Copy the following special categories of claims from Part 4, line Schedule E/F:

Total claim

From Part 4 or Schedule E/F copy the following:

9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$20,830.23
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$25,037.81
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) +	\$0.00
9g. Total. Add lines 9a through 9f.	\$45,868.04

Fill in this information to identify your case:

Debtor 1	<u>Mark</u> First Name	<u>E.</u> Middle Name	<u>Kleinkopf</u> Last Name
Debtor 2 (Spouse, if filing)	<u></u> First Name	<u></u> Middle Name	<u></u> Last Name
United States Bankruptcy Court for the <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are

X /s/ Mark E. Kleinkopf
Mark E. Kleinkopf, Debtor 1

X _____
Signature of Debtor 2

Date 01/09/2017
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Mark	E.	Kleinkopf
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages,

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1
lived there

Debtor 2:

Dates Debtor 2
lived there

Same as Debtor 1

Same as Debtor 1

624 Franklin

Number Street

From 9/2000

From

To 8/2014

To

River Forest

IL 60305

City

State

ZIP Code

City

State

ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?
(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Mark E. Kleinkopf

Case number (if known)

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
From January 1 of the current year until	<input checked="" type="checkbox"/> Wages, commissions, <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, <input type="checkbox"/> Operating a business
For the last calendar year: (January 1 to December 31 <u>2016</u>)	<input checked="" type="checkbox"/> Wages, commissions, <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31 <u>2015</u>)	<input checked="" type="checkbox"/> Wages, commissions, <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under

No

Yes. Fill in the details.

Mark E. Kleinkopf

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
SERC LLC Creditor's name				<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other Residential Home Re
dba Hyperion Homes Chicago Number Street		\$2,480.00 per month.		
2 N. Riverside Plaza, Ste. 1250				
Chicago IL 60606 City State ZIP Code				
	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Life Time Academy Creditor's name		\$957.57	\$5,760.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
2145 Ford Parkway, Ste. 302 Number Street	\$319.19/month for 20 months beginning 3/25/16			
Saint Paul MN 55116 City State ZIP Code				
	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Genesis Orthopedic Creditor's name		\$499.05	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Number Street				
Wheaton IL City State ZIP Code				

Mark E. Kleinkopf

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic

No
 Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody

No
 Yes. Fill in the details.

Case title
In Re the Marriage of Karen
Kleinkopf and Mark Kleinkopf

Nature of the case
Judgment of Allocation of
Parental Responsibilities

Court or agency

Status of the case

Court Name Pending
Number Street On appeal
 Concluded

City State ZIP Code

Case number 13 D 5188

Case title
In Re the Marriage of Karen
Kleinkopf and Mark Kleinkopf

Nature of the case
Bifurcated Judgment for Dissolution

Court or agency

Status of the case

Circuit Court of Cook County Illinois
Court Name Pending
Number Street On appeal
 Concluded

City State ZIP Code

Case number 13 D 5188

Case title
In Re the Marriage of Karen
Kleinkopf and Mark Kleinkopf

Nature of the case
Supplemental Judgment for

Court or agency

Status of the case

Court Name Pending
Number Street On appeal
 Concluded

City State ZIP Code

Case number 13 D 5188

<p>Mark E. Kleinkopf</p> <hr/> <p>Case title The Bank of New York vs. Mark and Karen Kleinkopf</p> <p>Case number <u>12 CH 16477</u></p>	<p>Nature of the case Order Approving Report of Sale and Distribution, Confirming Sale, and Order for Possession (Foreclosure on real estate located at 624 Franklin Avenue,</p>	<p>Court or agency Circuit Court of Cook County, Illinois</p> <p>Court Name _____</p> <p>County Department Number Street</p> <p>Chancery Division</p>	<p>Status of the case</p> <p><input type="checkbox"/> Pending</p> <p><input type="checkbox"/> On appeal</p> <p><input checked="" type="checkbox"/> Concluded</p>
		City _____ State _____ ZIP Code _____	
<p>Case title In Re the Marriage of Karen Kleinkopf and Mark Kleinkopf</p> <p>Case number <u>13 D 5188</u></p>		<p>Nature of the case Order for Termination of Maintenance in the amount of</p> <p>Court or agency Circuit Court of Cook County Illinois</p> <p>Court Name _____</p> <p>Number Street</p>	
		City _____ State _____ ZIP Code _____	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property			Date	Value of the property
Bank of New York Mellon Creditor's Name			624 Franklin Avenue, River Forest, IL 60305. 1st Mortgage.	4/12/16 \$749,993.00
c/o Wirbicki Law Group Number Street			<p>Explain what happened</p> <p><input type="checkbox"/> Property was repossessed.</p> <p><input checked="" type="checkbox"/> Property was foreclosed.</p> <p><input type="checkbox"/> Property was garnished.</p> <p><input type="checkbox"/> Property was attached, seized, or levied.</p>	
22 W. Monroe, Ste. 1140				
Chicago City	IL State	60603 ZIP Code		
Chase Creditor's Name			<p>Describe the property 624 Franklin Avenue, River Forest, IL 60305. 2nd Mortgage.</p> <p>Date Value of the property</p> <p style="text-align: center;">04/12/16 \$749,993.00</p>	
POB 183222 Number Street			<p>Explain what happened</p> <p><input checked="" type="checkbox"/> Property was repossessed.</p> <p><input type="checkbox"/> Property was foreclosed.</p> <p><input type="checkbox"/> Property was garnished.</p> <p><input type="checkbox"/> Property was attached, seized, or levied.</p>	
Columbus City	OH State	43219 ZIP Code		

Mark E. Kleinkopf

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600

No
 Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire,

No
 Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

No
 Yes. Fill in the details.

Schottler & Associates

Person Who Was Paid

7222 W. Cermak Rd., Ste. 701
Number Street

Description and value of any property transferred	Date payment or transfer was made	Amount of payment made
Attorney Fees for Bankruptcy Case		

2016

\$2,194.00

North Riverside IL 60546
City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Mark E. Kleinkopf

Case number (if known) _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property).

No

Yes. Fill in the details.

Central Credit Union of Illinois

Person Who Received Transfer

1001 Mannheim Rd.

Number Street

Description and value of any property transferred

2008 Toyota Sequoia 4D Sport

Utility SR5

Describe any property or payments received or debts paid in exchange was made

Central Credit Union paid Mark

5/6/16

Bellwood IL 60104

City State ZIP Code

Person's relationship to you **None**

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage

No

Yes. Fill in the details.

Last 4 digits of account

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

PNC Bank

Name of Financial Institution

Number Street

XXXX- 1 1 4 4

Checking
 Savings
 Money market
 Brokerage
 Other

11/2016

\$5.05

City State ZIP Code

Mark E. Kleinkopf

Case number (if known) _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental

No
 Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and

No
 Yes. Fill in the details.

Mark E. Kleinkopf

Case number (if known) _____

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business?

Include

No

Yes. Fill in the details below.

Mark E. Kleinkopf

Case number (if known)

Part 12: Sign Below

I have read the answers on the ~~Statement of Financial Affairs~~ and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years,

X /s/ Mark E. Kleinkopf

Mark E. Kleinkopf, Debtor 1

Date 01/09/2017

X _____

Signature of Debtor 2

Date _____

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	First Name <u>Mark</u>	Middle Name <u>E.</u>	Last Name <u>Kleinkopf</u>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.
Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part ~~Schedule D: Creditors Who Hold Claims Secured by Property~~ ~~Official Form 106D~~, fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Description of property securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Creditor's name: Description of property securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
--	---	--

Mark E. Kleinkopf

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you list ~~in Schedule G: Executory Contracts and Unexpired Leases~~ ~~(Official Form 106G)~~, fill in the information below. Do not list real estate leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

Lessor's name: SERC LLC

No

Description of leased property: Residential rental located at 7S174 Wild Cherry Road, Naperville, IL

Yes

Mark E. Kleinkopf

Case number (if known) _____

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Mark E. Kleinkopf

Mark E. Kleinkopf, Debtor 1

X

Signature of Debtor 2

Date 01/09/2017

MM / DD / YYYY

Date

MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	
\$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	administrative fee
<hr/>	\$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	administrative fee
<hr/>	\$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms_.html#procedure.

A married couple may file a bankruptcy case together--called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.

- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re **Mark E. Kleinkopf**

Case No. _____

Chapter **7** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$2,194.00
Prior to the filing of this statement I have received.....	\$2,194.00
Balance Due.....	\$0.00

2. The source of the compensation paid to me was:

Debtor Other (specify) _____

3. The source of compensation to be paid to me is:

Debtor Other (specify) _____

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/09/2017

Date

/s/ Mark R. Schottler

Mark R. Schottler
Schottler & Associates
7222 W. Cermak
Suite 701
North Riverside, IL 60546

Bar No. 6238871

/s/ Mark E. Kleinkopf

Mark E. Kleinkopf

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

IN RE: **Mark E. Kleinkopf**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 1/9/2017

Signature /s/ **Mark E. Kleinkopf**
Mark E. Kleinkopf

Date _____

Signature _____

A/R Concepts, Inc.
18-3 E. Dundee Rd., Ste. 330
Barrington, IL 60010

Accelerated Rehabilitation Centers
625 Enterprise Dr.
Oak Brook, IL 60523

Accelerated Rehabilitation Centers
2396 Momentum Place
Chicago, IL 60689-5323

American Credit Systems, Inc.
400 West Lake Street
Suite 111
POB 72849

American Express/Costco Credit Card
02-04-404315 S. 2700
Salt Lake City, UT 84184

ATG Credit, LLC
POB 14895
Chicago, IL 60614

B.W. Landscaping & Snow Removal
POB 350120
Elmwood Park, IL 60707

Bank of America Credit Card
POB 982234
El Paso, TX 79998

Bank of New York Mellon
fka Bank of New York
c/o Wirbicki Law Group
333 W. Monroe, Ste. 1140

Bryan Cave
161 N. Clark, Ste. 3400
Chicago, IL 60601

Capital One Bank USA, N.A.
POB 6492
Carol Stream, IL 60197-6492

Central DuPage Hospital
POB 4090
Carol Stream, IL 60197

Central Dupage Hosptial
POB 4090
Carol Stream, IL 60197-4090

Chase
POB 183222
Columbus, OH 43219

Chase/United Mileage Credit Card
POB 15298
Wilmington, DE 19850

Citibank/AA Mileage Credit Card
POB 6500
Sioux Falls, SD 57117

Citizens Finance
7941 W. 171st
Tinley Park, IL 60477

City of Naperville
POB 457
Wheeling, IL 60090-0457

Comcast Cable
POB 3002
Southeastern, PA 19398-3002

David R. Jordan, JD
The Law Office of David R. Jordan, JD
174 N. Taylor
Oak Park, IL 60302

Diversified Consultants, Inc.
POB 551268
Jacksonville, FL 32255

Drs. Burbick & Welindt, DDS., LTD
1515 N. Harlem Ave. #200
R.Tage Welindt, D.D.S.
Oak Park, IL 60302-1250

ED Financial Services
POB 36008
Knoxville, TN 37930

Edward Hospital
POB 4207
Carol Stream, IL 60197-4207

Edward Hospital & Health Services
801 South Washington
Naperville, IL 60540

Genesis Orthopedics & Sports Medicine
2900 Foxfield Road
Suite 102
Saint Charles, IL 60174-5799

Harry D. Saunders
831 W. Wesley Rd.
Atlanta, GA 30327

IL Pathologist Service LLC
POB 9846
Peoria, IL 61612

Illinois Department of Revenue
Springfield, IL 62726-0001

Internal Revenue Service
PO Box 21126
Philadelphia, PA 19114

Kenny & Kenny P.C.
1400 W. 47th St., Ste. 4
La Grange, IL 60525

Laboratory & Pathology Diagnostics, LLC
Dept. 4387
Carol Stream, IL 60122-4387

Laboratory Corp of America Holdings
POB 2240
Burlington, NC 27216

Life Time Academy
2145 Ford Parkway, Ste. 302
Saint Paul, MN 55116

Loyola University Medical Center
POB 3021
Milwaukee, WI 53201-3021

Marani Land Services, Inc.
POB 1040
Oak Park, IL 60304

Matthew Kleinkopf
7S174 Wild Cherry Rd.
Naperville, IL 60540

Medical Recovery Specialists, LLC
2250 E. Devon Ave., Ste. 352
Des Plaines, IL 60018-4521

MERCHANTS CREDIT GUIDE CO.
Dept. #7505
POB 1259
Oaks, PA 19456

Mercy Housing, Inc.
1999 Broadway, Suite 1000
Denver, CO 80202

Naperville Radiologists S.C.
6910 S. Madison St.
Willowbrook, IL 60527-5504

Nationstar Mortgage, LLC
2501 State Hwy. 121
Lewisville, TX 75067

Nationwide Credit & Collection
c/o Evergreen Bank Group
POB 3219
Oak Brook, IL 60522-3219

Nationwide Credit Collection, Inc.
815 Commerce Dr., Ste. 270
Oak Brook, IL 60522

North Side Community FCU
1011 W. Lawrence Ave.
Chicago, IL 60640

ONCOAS09
POB 1022
Wixom, MI 48393-1022

OSF Healthcare System
7978 Solution Center
Chicago, IL 60677-7009

PCC Community Wellness
2010 N. Harlem Ave.
Elmwood Park, IL 60707

Permidt Engineering Limited
10224 Franklin Ave.
Franklin Park, IL 60131

PFF Emergency Services
POB 366
Hinsdale, IL 60522-0366

Professional Recovery Services, Inc.
221 Laurel Road
Two Echelon Plaza, Ste. 160
Voorhees, NJ 08043

Provenance Portfolio Mngmt LLC
1107 Homer Ct.
Naperville, IL 60540

Radiology Consultants
1730 Park St., Ste. 101
Naperville, IL 60563

Reeg Plumbing
42 Park Avenue
River Forest, IL 60305

Resurrection Health Care
62314 Collection Center Dr.
Chicago, IL 60693

Richard Kaplone, JD
Rockefeller Bldg.
614 Superior Ave. NW, Ste. 808
Cleveland, OH 44113

Rockford Mercantile Agency, Inc.
POB 5847
Rockford, IL 61125-0847

Rosecrance, Inc.
POB 71662
Chicago, IL 60694-1662

Rush Oak Park Hospital
26099 Network Place
Chicago, IL 60673

Schiller DuCanto & Fleck LLP
200 N. LaSalle St., 30th Floor
Chicago, IL 60601

SERC LLC
dba Hyperion Homes Chicago
2 N. Riverside Plaza, Ste. 1250
Chicago, IL 60606

Southwest Credit Systems, L.P.
4120 International Pkwy. Suite 1100
Carrollton, TX 75007-1958

State Collection Service, Inc.
2509 S. Stoughton Rd.
Madison, WI 53716

Stenzel Clinical Services LTD
1616 E. Roosevelt Rd., Ste. 8
Wheaton, IL 60187

Synergetic Communication, Inc.
2700 East Seltice Way, Ste. 4
Post Falls, ID 83854-6387

The Bank of New York Mellon
c/o Nationstar Mortgage LLC
2501 State Hwy. 121
Lewisville, TX 75067

Tim Hague
555 Keystone Ave.
River Forest, IL 60305

Tom Benno, JD
The Law Office of Tom Benno, JD
120 S. Harvey
Oak Park, IL 60304

Transworld Systems, Inc.
507 Prudential Road
Horsham, PA 19044

Transworld Systems, Inc.
POB 15618
Dept. 938
Wilmington, DE 19850

United Collection Bureau, Inc.
5620 Southwyck Blvd. Ste. 206
Toledo, OH 43614

University Pathologists
5620 Southwyck Blvd.
Toledo, OH 43614

US Department of Education
POB 105193
Atlanta, GA 30348-5193

V.A.S.C. Anesthesia
c/o Billing Services, LTD.
2320 Dean St., Ste. 103
Saint Charles, IL 60175

Valley Ambulatory Surgery Ctr.
2210 Dean St.
Saint Charles, IL 60175

Van Dyke Pasinski DDS
127 Aurora Ave.
Naperville, IL 60540-6503

Village of Melrose Park
1000 N. 25th Ave.
Melrose Park, IL 60160

Village of Oak Park
Parking Services Division
123 Madison St.,
Oak Park, IL 60302

Village of River Forest Fire Dept.
Ambulance
POB 88850
Carol Stream, IL 60188

Vivian Kleinkopf
217 N. Taylor
Oak Park, IL 60302

Wilber & Associates, P.C.
201 Landmark Dr.
Normal, IL 61761-2194

Winfield Lab Consultants, SC
Dept. 4408
Carol Stream, IL 60122